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# Preface

Every three seconds someone in the world intentionally harms themselves, and every forty seconds one dies as a result. Every year some 800,000 suicides take place worldwide (World Health Organization 2012). Most deaths occur in the developing world – and 60 per cent in Asia – where health and social resources for the treatment and prevention of self-harm are often limited (Beautrais 2006). Just 10 per cent of the world's resources for suicide research and prevention are spent in middle- and low-income countries, which produce 90 per cent of the world's deaths by self-harm (Yip 2008: vii). Not only economic disparities between high- and middle- or low-income countries drive global inequalities in suicide rates and interventions. The field of 'suicidology' – the interdisciplinary study of suicidal behaviour that encompasses the social and medical sciences – is, in the main, heavily indebted to western understandings of suicidal practice. These do not easily translate to other contexts around the world, where the cultural representation of suicide may be constructed in very different ways. Combined, a lack of resource investment and a failure to account for global variations in suicidal practice means little progress is likely to be made towards the development of context-specific suicide interventions.

The overall aim of this book is to develop an anthropological approach to the study of suicide: a subfield of anthropological inquiry that remains relatively unexplored but has enormous significance as global suicide rates continue to rise. The book presents the results of ethnographic fieldwork conducted in the South Asian island-nation of Sri Lanka over the past decade: a country where rates of self-harm and self-inflicted death have existed at 'epidemic' proportions since the 1980s. The book argues that to understand suicide cross-culturally we need to rethink the dominant paradigms of western suicidology and through an ethnographic

approach pay close attention to how ordinary people experience and explain suicide in their lives. By conducting an anthropological analysis of suicide in Sri Lanka, I aim to show how we are better able to understand the ways in which practices of what we might call self-harm and self-inflicted death are both produced by and produce wider social, cultural, and emotional processes. My argument is that suicide is never a single event in time and space, but is rather deeply embedded in, and constitutive of, on-going relationships across time and space – at the level of suicide events, lifespans, and society. As people 'live through suicide', the practice of suicide becomes the effect of a cause and the cause of its own effects, manifesting different socialities in a processual sense. In this book I will argue that through the 'suicide process' social and moral personhood is 'created' as it is 'negated,' leading to new ways of living through agentive ways of dying.

Whilst speaking to broad themes, the focus of the book is on suicide in a peri-urban district of Sri Lanka called Madampe, in the Northwest Province of the island (see Map P.1.). I have known Madampe intimately since 2001, when I was posted there whilst working for a British development NGO, Voluntary Services Overseas (VSO). It was during that time that I first became interested in suicide and decided to return at a later date to study it. With interests in anthropology, I enrolled on post-graduate courses at the London School of Economics and wrote about suicide in Sri Lanka for my master's dissertation, and then formulated a research proposal for a PhD based around the subject. My doctoral fieldwork was carried out principally over twenty-one months, between October 2004 and June 2006, and complemented by follow-up visits in 2007 and 2012-13. During that time, I have had the privilege of becoming part of my informants' lives, many of whom are much better described as friends, sharing in each other's fortunes and misfortunes, celebrating good times and commiserating bad times. My parents, siblings, and cousins visited from the UK during my main fieldwork period, extending

the network of relationalities further still. More recently, I introduced my partner and baby daughter, changing my status in the village from 'youth' to 'householder.' These connections proved invaluable throughout the fieldwork period, during which my focus on suicide necessitated engagement with extremely troubling questions, but which I was able to navigate due to the love and care shown towards me by others who became close confidents.

[MAP P.1: SRI LANKA]

The anthropological study of suicide, based on deep qualitative methods including 'participant-observation,' raises significant practical and ethical challenges. An important constraint on my research was the extent to which I could – and indeed should – encourage previously suicidal people to talk about their experiences. Although in most cases suicidal informants were not suffering from any significant psychiatric distress, they were usually socially and emotionally vulnerable and often victims of abuse. To limit the risk of my work having adverse effects on informants, first interviews were only followed up when expressly invited to do so by the interviewee. When informants were less than 16 years of age parental consent was sought. Even then, I quickly noticed that having a notebook present was often off-putting for most informants both young and old, so I would put it away. For this reason, the interviews I conducted with self-harmers were rarely recorded verbatim, and instead written down from memory later in the day. As such, many of the cases I relate are in my own voice rather than the voices of my informants. In more mundane or neutral spaces, I used notebooks to record the results of interviews, most of which were conducted in Sinhala and translated by my assistants as conversations progressed.

Fieldwork comprised of research across village and institutional settings, including the offices of police investigators and coroners, and frontline medical staff and mental health clinicians. This enabled me to develop close understandings of suicidal practices from a range of different perspectives and at different stages of the suicide process: from before an act took place, through treatment and management processes, and into the aftermath for those who survived and of those left behind. At village level I conducted three surveys using an interview schedule: a household census to establish patterns of kinship in the present and past, a 'love and marriage attitudes' survey, and a 'village development satisfaction' survey. The purpose of these surveys was not simply to collect quantifiable bits of data to complement my qualitative work but also to get to know residents and importantly to give them a chance to get to know me, and what I was there to do. The completion of the surveys usually took a long time as respondents were encouraged to raise issues that were of interest or concern to them, and as we chatted freely about this and that, I significantly expanded my understanding of context issues.

Although over the two years of my primary fieldwork trip I spoke to literally hundreds people around Madampe, ethnographers are often dependent on a handful of key informants who are especially willing to share their time and knowledge, and my research was no exception. First, my two research assistants, Nalin and Shon, Sinhala Buddhist men aged in their early twenties and residents of Udagama and Alutwatta respectively, were a source of daily consultation. Likewise, Nalin's older sister and mother often sat with us on the front porch of their home and we discussed at length matters both connected and unconnected to my primary research concerns. Similarly, Nalin's and Shon's groups of male friends and male and female cousins were also regular informants, and over the years we spent many hours together playing *carom* on front porches, during which we would debate the causes and representations of suicidal practices at great depth. From these sources, I developed a detailed knowledge of youth social

worlds and self-harm, including the issue of primary importance for many Madampe youth: love and romance.

Next was the family at Alutwatta I was lodging with: a retired bank manager, his wife, and their three children, who I had also lived with during my visit in 2001. Upon my return, I was accepted back into the household and called 'Tom *puththa* [son]' and 'Tom *ayya* [brother].' However, this also meant an expectation to behave like a family member and I quickly found myself subject to the same social and moral regulations as their own children, which was itself a unique research experience. Adjacent to my lodging place was a tiny shack that was home to a woman and her three grandchildren, including an 18-year-old daughter who came and went from the Gulf to work in garment factories. Their own mother also worked abroad and father was living separately; a few months after my arrival he died from alcohol poisoning. The children would often spend time at my lodging place as well. These two families provided a more intimate understanding of the high and low status households I was studying in Udagama and Alutwatta.

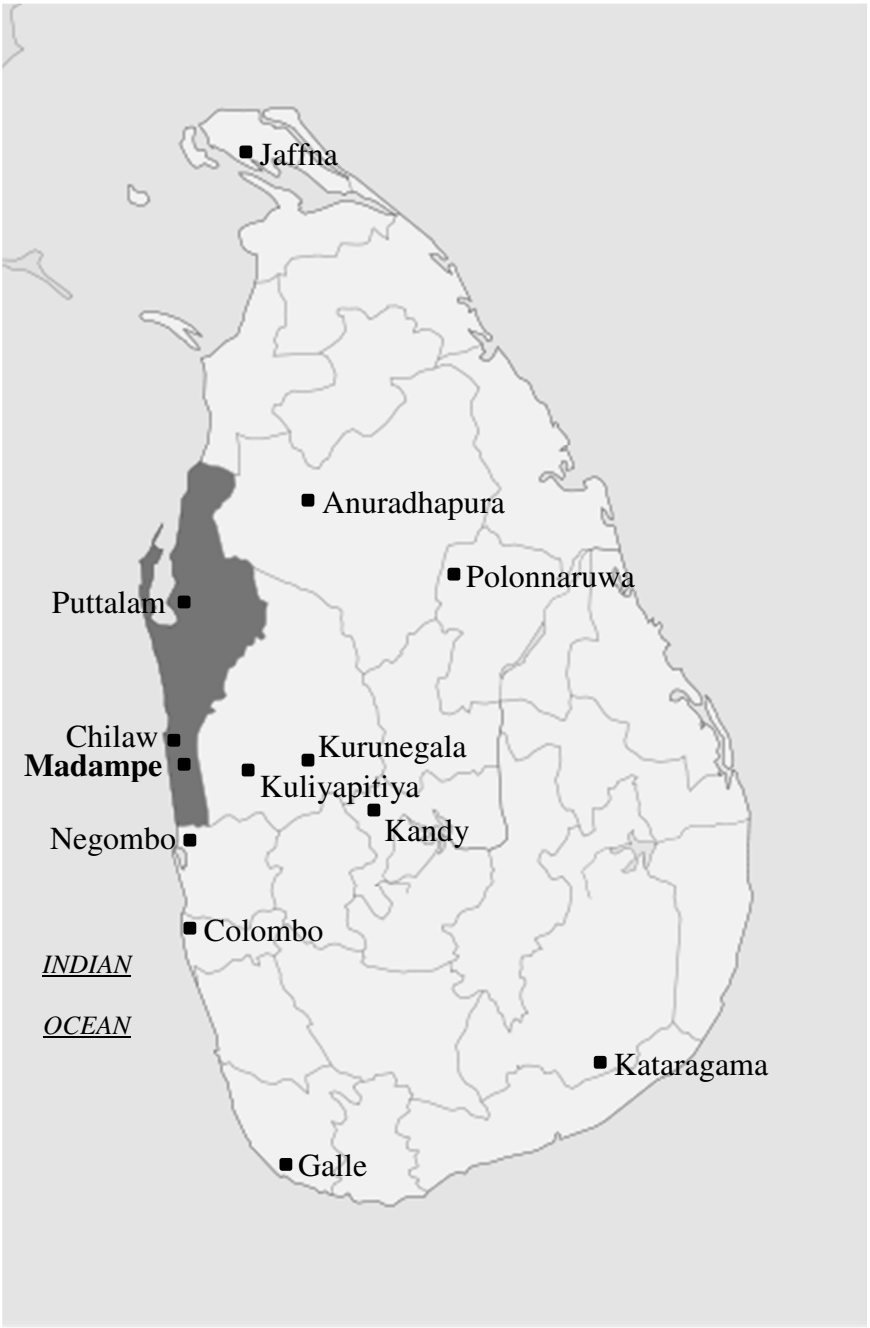
At community level, I spent time with a group of older men from around Madampe who formed a drinking circle, a crucial space of male sociality. My regular meetings with them provided much needed insights into men's social and emotional worlds, which was essential for understanding male suicide. Meanwhile, my organisational research allowed me to observe staff at the local hospital, the Galmuruwa Peripheral Health Unit (GPHU) Madampe Police Station (MPS), Kuliyapitiya Coroner Court (KCC), and Chilaw Mental Health Clinic (CMHC). One clinician at CMHC in particular became a close and trusted informant and I often stayed at his home. These individuals helped me to understand the ways in which suicide was treated and managed in Madampe, including the creeping process of medicalization that has been

underway in the country since the 2004 tsunami. Combined, this group of around thirty key informants offered an informal network of trusted friends and colleagues from various social backgrounds with whom I could discuss various aspects of my research and from whom I often received clarifications or counter-arguments.

During the second year of my research, I asked 1,000 children in two Madampe schools to complete a psychosocial survey (Achenbach 2001). The aim of this research was to gain additional information regarding the social and emotional lives of Madampe youth, including the frequency at which they might think about committing suicide or actually perform self-harm. The survey was translated into Sinhala and participants completed it under exam conditions. More than 80 per cent of the forms were returned to a standard suitable for analysis. Importantly, it seemed that many children appreciated the chance to take part in the survey: 'Thank you for taking an interest in us, Mr Tom!' wrote one. Whilst I do not report the quantitative results of the survey in this book, I do make use of the many qualitative statements that children made about their lives, including those relating to suicidal behaviour.

Finally, I spent around one month at the Sri Lanka National Archive in Colombo, collecting secondary materials including British and Ceylonese Administration Reports dating from the mid-1800s to the mid-1900s and selected copies of national (English language) newspapers from the mid-1800s to the late 1900s. This work allowed me to delve into Madampe's colonial and post-colonial past and collect fascinating accounts of economic and social life in the area. At the same time, I looked more broadly at the national scene, and came to build a picture of how successive governments have thought about and managed the suicide problem, as well as its presumed causes and correlating concerns.

By conducting intensive, long-term fieldwork research alongside complementary survey and archival work, I have used an inductive method to elucidate what I call the 'processual sociality' of suicide in Madampe. This is an 'ethnographic theory' of suicidal practice that has been developed from informants' understandings of what kind of behaviour suicide is, and what its causes and consequences might be. It is a theory that stands apart from, but not necessarily in opposition to, normative sociological and psychological theories of suicide that have been formulated on experiences of suicide in different parts of the world and thus have little *a priori* validity in the Sri Lankan context. My 'local theory' of suicide is one that could only have been discovered via ethnography, which allows the researcher to collect data over several years and so become conscious of how apparently singular events like suicide exist as part of historical processes of sociality at both individual and social levels. As suicide rates continue to rise across the world and cross-cultural suicide research becomes increasingly important as drives to understand and tackle them mount, an ethnographic method and approach must become central to our efforts at explaining and ultimately preventing this expression and cause of human suffering. This can only be achieved in and through the ideas and practices of the people affected, and by understanding how suicide exists within their own social and relational worlds.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Kurunegala
Kuliyapitiya
Kandy
Negombo
Colombo
INDIAN
OCEAN
Kataragama
Galle

# 1. The Anthropology of Suicide

*'Mr Tom where are you? Come quickly. Ravi ayya has died…'*

Udagama youth, male, 24

A few weeks after arriving in the peri-urban Madampe Division of the Northwest Province of Sri Lanka, one of the young men I had been getting to know Ravi,[1] aged 23, drowned in a monsoon-swollen river. It was late November 2004 and I had travelled to the South Asian island to carry out a two year research project on self-harm and suicide in the country, where for several decades suicide rates had ranked amongst the highest in the world. For the past few days I had been attending a conference in the capital Colombo, and was travelling the seventy kilometres north to Madampe on board an intercity bus when I received an SMS. It was from Preshan, a mutual friend, who informed me of Ravi's death and urged that I return as quickly as possible to attend the funeral house (*maḷə gedərə*), where Ravi's body was lying in wake.

Upon returning to Madampe, I learned that the police had recorded Ravi's death as being accidental, even though villagers were suggesting it was a suicide. By the day of Ravi's funeral, two competing stories of how he had died were circulating the area. Whilst close family and friends were maintaining that the death was an accident, most others in attendance were saying that it was self-inflicted. Amongst those who believed the death had been intentional were three

[1] All names and place names smaller than divisional secretariat level are anonymised in this book. As much as possible identifying features and are masked to protect identities.

of Ravi's friends who had actually witnessed the death. Ravi, who had been drinking *toddy* (fermented coconut sap) and smoking *ganja* (marijuana), was reported to have taken a drag from his roll-up, declared 'that was my last,' and jumped in the water. He resurfaced a short way downstream, caught up against a branch, by which time he was dead.

Whilst for me personally coming to terms with Ravi's sudden and tragic death had been about trying to establish whether it was an accident or a suicide, for people in Madampe a more pressing concern existed. Regardless of what kind of death it was, the more important question seemed to be who could be blamed for it, only after which people began to speculate about an appropriate classification. For my informants there was no discussion about the state of Ravi's mental health although there was considerable discussion about the social circumstances of his death. During the days and weeks that followed, two other accounts emerged in the wake of the accident and suicide stories. Both of those stories attempted to explain why Ravi, a 'good boy' (*hoňdə lamay*) who had done well at school and had always been polite to his elders, had met his demise under the influence of alcohol and drugs in the waters of a monsoon-swollen river. Whether an accident or a suicide, it was clearly a dangerous place to be, and people thought that Ravi should have known better. Who, Udagama villagers asked, had allowed this to happen?

The first story told, and mostly by those of Ravi's age, simply explained how he had been in love with a woman, who had broken his heart. Out of desperation, Ravi turned to *toddy* and *ganja* and cared less for his life; wilfully or not, he put himself into dangerous situations that eventually cost him his life. Many people told me that this was typical of young people in love, and that love was a dangerous thing that youth were all too ready to declare, often leading to frustrations, disappointments, and deaths. Over the months that followed Ravi's death, the

woman in question was teased by her schoolmates and older boys in the village: 'She's very dangerous!' Ravi's friends would tell me, half in jest. Even before Ravi's death, her beauty had been famous in the village, but now that she had 'caused' Ravi to kill himself, she was infamous. 'Like a siren!' one friend joked.

The second story told, in this case mostly by older men and women, was of how Ravi had been 'abandoned' by his mother. They told how she had migrated to the Middle East to work as a housemaid, upon which Ravi's father took a mistress and left home. Said to be experiencing desperation in the face of his loss of 'mother's love,' Ravi took up drink, drugs, and other foolhardy pursuits. The stories that I heard, which all placed the blame squarely on the mother, went something like this:

> Ravi came from a broken home. His mother has worked as a housemaid in Saudi Arabia for the past five years, and some people say that she has a second husband there. In fact, some people say she once brought him back to visit Sri Lanka. As a consequence Ravi's father was heartbroken and left Udagama to marry a woman who lives in Anuradhapura. Together with his younger sister, Ravi went to went to live with his *ma:ma:* [mother's brother]. With his mother absent, Ravi lacked the love and care that would guide him along the correct path in life. He became addicted to drink and drugs and did other dangerous things that eventually cost him his life. If his mother had not been so greedy, if she had love in her heart and not only wanted money, Ravi would still be alive today.

Both sets of stories, I was to discover, fitted within well-worn theories expressed by women and men of all ages and backgrounds concerning the roots of problems and misfortunes in their lives. Their theories often explained personal and relational crises such as suicide in terms of 'family problems' (*pavul praʃnə*), and the failure of close kin, friends, neighbours, and society

at large, to help people enjoy a 'good family life' (*hoňda pavul ji:vite*) – conditions that overwhelmingly were described through recourse to the Buddhist concept of *metta*, or loving-kindness/compassion. The ways in which 'a good family life' were imagined, and the definitions and theories of suicidal practice arising from them, were always contingent on gender, generation, and social class. At the same time, they reflected more popular theories about how people in general might live and die. Thus, men and women of a certain age or social status might assume themselves likely to resort to suicidal practices of certain kinds using certain methods when faced with certain problems, and equally be assumed by others of doing the same. The fact that Ravi had died in the context of love problems and, or, an experience of migration, led almost everyone in Udagama to agree that Ravi had committed suicide. They further agreed that Ravi's suicide was not only an accepted but *expected* outcome of such troubles. In Madampe, causal theories of suicide provided both a motivation for, and an explanation of, Ravi's death, which only served to reproduce those theories further and direct similar kinds of suicidal practice in the future.

This book tells a story about how people in Madampe 'live through suicide,' and in so doing how they generate social life: of how suicidal practices shape social practices and representations of society at large. By 'live through suicide', I mean two things. The first is how people in Madampe have lived *through* a period of extremely high rates of self-harm and self-inflicted death over the past few decades: a phenomenon my informants knew all about. Their explanations of the national suicide rate spoke to general concerns about Sri Lanka's experiences of development and globalisation in the modern period, and revolved around core narratives concerning the troubles of farmers and youth and the role of religion in their lives. The second is how people *live* through suicide. Suicidal practices are never simply the effects of a cause but a cause of their own effects; in Madampe, they can be understood as a

manifestation of social and moral orders as well as being constitutive of those orders, and in particular imaginings of how family lives 'ought' to be, and what this means in social, moral, and political terms. By integrating both perspectives, I show how suicidal practices give rise to suicide representations, through which people in Madampe come to make sense of their lives and the nation at large.

## The Sri Lankan suicide 'epidemic' and self-harm 'endemic'

Suicide is a serious global health and social problem, with significant societal, economic, and developmental effects. According to the World Health Organization (2012), every year almost one million people across the globe die from suicide. Over the past half-century, reported suicide rates around the world have risen 60 per cent, and, based on current trends, the number of suicides will grow to 1.53 million yearly by 2020. It is estimated, furthermore, that between ten and twenty times the number of people who commit suicide, *attempt* suicide – elevating 'deliberate self-harm' to the level of a major health and social crisis outpacing that of suicide itself. The toll of suicide and self-harm on individuals, families, communities, and nations is thus enormous, representing considerable levels of physical and social suffering experienced by suicidal and self-harming people, their families, and their communities.

Ravi's death was just one of hundreds of acts of fatal and non-fatal self-harm that occurred in and around the Madampe Division during the twenty-one month period of my fieldwork. On average, suicides occurred on a monthly basis, acts of self-harm on a weekly basis, and suicide threats – existing as part of everyday discourse – on a daily basis. They were in turn just a small percentage of the many thousands that occurred across Sri Lanka over the same period, and hundreds of thousands since the middle of the twentieth century – as many as 90,000 between

1983 and 1993 alone (Pradhan 2001: 383) – that have created what has been called Sri Lanka's 'suicide epidemic' (Eddleston, Sherriff & Hawton 1998: 134; IRIN News 2009). During the same period that global suicide rates rose 60 per cent, the Sri Lankan suicide rate rose a staggering 870 per cent (Silva & Pushpakumara 1996: 73). Kearney and Miller (1985) showed how this rise had affected all demographic and social groups in Sri Lanka in equal measure, leading them to argue that the 'spiral' of suicides in Sri Lanka was being fuelled by 'fundamental forces' of economic, social, and political change affecting all sections of society in equal measure.

After 1996, however, something strange appeared to happen. First, the suicide rate began to fall, and is currently at its lowest level in more than thirty years. Second, the rate of *attempted suicides* began to rise, and according to some estimates by more than 300 per cent (IRIN News 2009) – i.e. at a magnitude far greater than the fall of *completed* suicides. The fall can be understood as the consequence of government interventions restricting the import and sale of the most toxic pesticides (the most popular method of self-harm), improved access to and treatment in first aid centres, an apparently spontaneous shift away from pesticides to medicinal drugs which have a lower fatality rate (de Silva *et al.* 2012; Gunnell *et al* 2007), and, I have argued, shifting representations in the significance of self-inflicted death compared with non-lethal self-harm (Widger 2013). The 'up and down' behaviour of the suicide rate – the causes of which are located in 'fundamental forces' of social change as well as changing methods of self-harm – problematizes mainstream theories of suicidal practice.

[FIGURE 1: SUICIDE IN SRI LANKA 1950-2009]

Traditionally, the academic study of suicide has been the concern of sociologists and psychologists, who have addressed self-destructive behaviours as a normative phenomenon: that is, as a problem universally definable and measurable. This can be understood as reflecting the status of suicide in European thought, traditions of which have come to shape understandings of suicide in particular ways (Hacking 1995; Giddens 1965; Minois 1999; Staples & Widger 2012b). Since the European Middle Ages, there has been a long debate within the intelligentsia – first amongst religious scholars, moralists, philosophers, and administrators, and from the nineteenth century within and between the emerging disciplines of sociology, psychology, and psychiatry – concerning the proper representation of suicide. The term itself was only coined in the seventeenth century, taken from the Latin *sui* (of oneself) and *caedes* (murder) (Minois 1999: 182). It passed into English usage first, then French, and by the next century Spanish, Italian, and Portuguese (ibid: 183). Prior to that, the terms 'self-murder' and 'self-homicide' were used instead. Acts of self-murder or suicide were variously regarded as affronts to God, natural law, or society, and thus deemed a criminal act. By the nineteenth century, an argument had erupted between two new professions, moral statistics and psychiatry, with the one locating suicide in social deviancy and the other in mental pathology (Hacking 1995).

A central and on-going controversy ever since has thus been *where* to locate the causes of suicide: in macro-level social forces or internal emotional states. Social scientists have tended to argue for the former, and psychologists and psychiatrists for the latter. For the French sociologist Emile Durkheim (1951), who was writing at the end of the nineteenth century, suicide in Europe was best understood as the malady of a broken, egoistical and anomic society. Durkheim (1951: 210) argued that the suicide rate could be read as an artefact created by the 'suicidogenic current': the conditions in society that compel individuals to end their own lives.

Durkheim posited that the suicidogenic current fluctuated according to degrees of social integration and social regulation within society. With one or both too strong or too weak, the suicide rate rose or fell depending upon conditions and experiences of what he termed egoism, anomy, altruism, and fatalism. Egoistic suicide was produced by a lack of social integration, which exposed individuals to suicide because they lost adequate levels of social support for dealing with their problems. Processes of social change that led people to lose their moorings in the social world, and thus their sense of belonging to a social group and the moral regulation that came with it, produced anomic suicide. Altruistic and fatalistic forms of suicide, for their part, were produced by strong social integration and moral regulation respectively, and for this reason were assumed to be only found in traditional, small-scale societies. Altruistic suicide was compelled not by some individual problem but rather a sense of commitment to the group, whilst fatalistic suicide followed in contexts where individuals were so constrained by their social position they could envisage no other life.

In psychology and psychiatry, however, it has been the pathology of the individual that has garnered attention, with suicidal behaviour considered perhaps the most tragic manifestation of troubled minds. However, whilst social scientific studies of suicide almost inevitably locate their roots in Durkheim, even if they soon depart from him, in psychology no such obvious founding figure exists. The psychoanalytic tradition and even Freud himself had little to say on the matter (Alvarez 2002). Freud's early formulation was concerned with the status of suicide as a kind of violence and thus an 'internalised' form of homicide. A later formulation can be found in Freud's discussion of the 'life drive' (Eros) and the 'death drive' (Thanatos), in which suicide becomes a manifestation of the 'death wish.' It was the early formulation that became most influential during the middle of the 20$^{th}$ century and appeared in such influential works

as Karl Menninger's (1938) *Man against Himself* and Schneidman's and Farberow's (1961) *The Cry for Help*.

Today the debate has evolved and tends to concentrate on what Freud would have described as the processes through which people overcome the 'life drive' to embrace the 'death drive.' Since the time Freud and his immediate followers were writing, the diagnostic of 'depression' has come to dominate the field and suicide and self-harm are today routinely associated with what might be termed 'mental illness.' Most health research supports the thesis that the vast majority of suicidal acts are caused by depression (Williams 2001), and indeed in popular western culture it would be difficult to separate one from the other. 'Even though I know that each suicidal death is a multifaceted event,' wrote Edwin Shneidman (1998: 5), one of America's leading suicidologists, 'I retain the belief that, in the proper distillation of the event, its essential nature is *psychological*.' Echoing this, Mark Williams (2001: 139), one of Britain's most renowned suicide specialists, argued against the 'cry for help' theory to suggest that '[s]uicidal behaviour is best seen as a cry of pain.'

The 'inevitable' relationship between suicide and depression has been modelled in different ways, although often with the aim of understanding how people can overcome fears of pain and death to commit suicidal acts.[2] For example, Shneidman (1996) argues that suicide can be understood as the result of extreme psychological disturbance, what he called 'psychache,'

[2] The underlying assumption here is that an insatiable 'will to survive' is the natural state of human beings and voluntary death is an unnatural state. The cultural specificity of this assumption is plain to see considering the breadth of socially-sanctioned reasons for self-inflicted death of various kinds around the world, including, but hardly limited to, suicide.

manifesting as negative self-image. This negativity makes it possible for people to overcome an 'instinctual' fear of pain and death and commit suicide. Similarly, Thomas Joiner (2005) contends that the risk of suicidality develops in individuals through their exposure to bodily pain and suffering which helps them to 'overcome one of nature's strongest forces…self-preservation' (ibid: 48). Joiner argues that '[t]he diminution of fear [of one's own death] through repeated self-injury is…necessary for serious suicidal behavior to occur' (ibid: 58). Thus, in much contemporary psychology, suicide has become a case of 'mind over matter.'

The Sri Lankan suicide rate has been similarly explained in terms of macro-level forces and worsening psychological states. First, several decades' worth of sociological analysis (Dissanayake & de Silva 1974; Gombrich & Obeyesekere 1988; Kearney & Miller 1985, 1987, 1988; Ranasinghe & Jayawardene 1966; Silva 2000, 2006; Silva & Pushpakumara 1996; Straus & Straus 1953; Wood 1961) have located the causes of suicide in processes of modernisation, urbanisation, population movement, and violence. Factors identified include: the breakdown of 'traditional' caste, kinship, and village structures, conflicts between parents and children over marriage preferences ('arranged' vs. 'love'), growing mismatches between educational levels and employment opportunities leading to the creation of a large class of 'educated unemployed,' high levels of internal migration as part of government resettlement programmes, and the effects of violent political insurgencies in the south and north of Sri Lanka leading to mass killings and disappearances and three decades of civil war. Second, a smaller but recently expanding number of psychological explanations have begun to appear (Abeyasinghe & Gunnell 2008; de Silva 2003; Marasinghe *et al*. 2012; Jayasinghe & Foster 2011; Samaraweera *et al*. 2007; Samaraweera *et al*. 2008). These writers have tended to argue that similar experiences of rapid change, disjuncture, and violence have led to increasing levels of

depression and attendant issues of alcoholism and domestic violence in the population, leading to self-harm and suicide.

The suicidal practices that I encountered in Madampe were not so easily explained by either paradigm. On the one hand, 'fundamental forces' of change, disjuncture, and violence, whilst obviously crucial, were experienced, represented, and practiced by different people in different ways. Processes of modernisation, urbanisation, migration, and violence were not simply regarded as pressures put to bear on a society or individuals transitioning from a state of (traditional) order to (modern) disorder, but had ramifications for people's lives depending on their own experiences of those changes.

Jeanne Marecek's (1998, 2006) research in Sri Lanka stands as the most important ethnographic contribution to understanding this phenomenon thus far. Rejecting mono-causal explanations and theories, Marecek concentrates on the representations that self-harming and suicidal people themselves give to their acts. Marecek's work has shown how patterns and representations of suicidal behaviour are highly gendered, and of being significantly related to relationships of inequality and violence in the household. An important aspect of her research has been to show how self-harm exists as a kind of 'protest' or 'complaint' in people's lives. Drawing from Steve Taylor's (1982) work on the performative aspects of suicide, Marecek and Senadheera (2012) distinguish between dialogue suicides and monologue suicides. Dialogue suicides are those cases wherein the self-harming individual is clearly seeking to make some kind of point, whilst monologue suicide are those cases where individuals are perhaps only wishing to die and not to involve another. Although not suggesting an absolute distinction, Marecek's work points to one of the ways through which people in Madampe make sense of

suicidal acts occurring around them, including the relationship between suicide and gender violence.

A further problematisation of the 'social change' reading of suicide in Sri Lanka comes from historical sources. There is evidence to suggest that practices of self-harm were widespread in the island even before the 1960s and certainly before the escalation of civil violence from the 1980s. European travellers and colonialists had long commented on the prevalence of self-poisoning in Ceylon (as Sri Lanka was then called), which they identified as a customary recourse to and means of interpersonal 'protest' (Amerasinghe 1999; D'Oyly 1929; Knox 1981). The practice was widespread enough to warrant the establishment of formal legal codes on the matter, and coroners had the power to impose sanctions and fines upon individuals and even whole villages for their wonton lack of care for the person who deliberately harmed him or herself. In the 1960s the sociologist A.L. Wood (1961) commented that the code, by then disappeared, was 'hyper-modern' in its dealings with suicidal people as victims rather than as criminals, as the Ceylonese legal system, like many others in the 'modern' west, treated them. Thus even if fundamental forces of social change, psychological disturbance, and spread of pesticides combined to produce Sri Lanka's contemporary suicide *epidemic*, Ceylon was home to a much older self-harm *endemic* clearly pre-dating the apparent culprits of modernisation, globalisation, and civil war. What all this amounts to is, I suggest, a reoccurring social practice of suicidality that whilst crucially contingent on local contexts in time and space, has nevertheless been a persistent feature of life for many centuries (Widger 2013).

## The need for an anthropology of suicide

The historical depth and social specificity of the Sri Lankan suicide epidemic and self-harm endemic complicates the validity of the theoretical and analytical tools of suicidology. If, as I have suggested, mainstream sociological and psychological theories of suicide struggle to account for the behaviour of the Sri Lankan suicide rate as well as the nature of individual cases, would an anthropological approach fare any better? Anthropology is often defined as the study of the 'large issues' of human existence in the 'small places' in which people actually live (Bloch 2005; Eriksen 2001). Ethnography, the methodological tool of anthropologists that incorporates participant-observation in the daily lives of research subjects, can be understood as the means through which anthropologists come to comprehend, in intricate detail, 'small places' and their importance for 'large issues.' As 'anthropologists' we are interested in human beings in a universal sense, whilst as 'ethnographers' we are interested in what being human means in a highly particularistic sense. Maurice Bloch (2012) has argued that this dual interest has given rise to a tension within anthropology between, on the one hand, a pull towards general theories of large issues (the 'questions of anthropology' [Astuti, Parry & Stafford 2007]) and, on the other hand, a descent into relative specificities of small places (the 'complexities of ethnography').

On one level, suicide can be understood very simply as an action of and outcome for people who intentionally inflict harmful or fatal wounds upon the self. Around the world, this might be accomplished by poisoning, cutting, drowning, hanging, shooting, falling, or whatever, and in all cases raises some fundamental questions about the representation of life and death and the nature of self-inflicted death. This is the level of large issues: of what is arguably a universal human phenomenon and one that is quite possibly found in other species as well, indicating a shared evolutionary origin (Anderson & Chamove 1985; Brown *et al.* 1999; Cross & Harlow

1965; Jones & Daniels 1996; Lester & Goldney 1997). But this apparent simplicity becomes complicated very quickly when those actions and outcomes are investigated in small places: what 'self-inflicted' wounds upon the body and their methods mean, what it takes for people to engage in those practices, how 'intentionality' is constructed and understood, what the causes and consequences of self-harm and suicide might actually be, and how suicide deaths are distinguished from other kinds of deaths. Borrowing from the philosopher John Searle (1995), it could be said that suicide as a large issue is 'epistemically objective,' whilst suicide in small places is 'ontologically subjective.'

However defined, suicide would appear to be a subject ripe for anthropological investigation. Nevertheless, when compared with the voluminous materials produced by sociologists and psychologists, anthropological studies of suicide have remained surprisingly limited.[3] When they have appeared, they have tended to challenge the normative approaches of sociology and psychology and argue instead for a closer attention to the cultural practice and representation of suicide in small places. Whilst Durkheim was preparing *Le Suicide*, anthropologists were noting that suicide outside of northern Europe and (white) North America did not fit the sociological or psychological models popular at the time. Steinmetz (1894: 59), writing in the pages of *American Anthropologist*, argued that suicide was far more prevalent in 'primitive' societies than sociologists such as Guido Morselli (Durkheim's inspiration) had allowed, who

[3] As this book went to press Jocelyn Chua's (2014) *In Pursuit of the Good Life* was published, too late for discussion in my own work but which explores many similar themes. The book is based on fieldwork in Kerala, Southern India, which socially and culturally is similar to Sri Lanka in many ways and thus provides a valuable perspective on the ethnography and theories discussed in this book.

considered suicide a correlate of human social and psychological evolution and complexity. Steinmetz also lamented the lack of attention anthropologists were paying to suicide. 'It is a matter of regret,' Steinmetz suggested, 'that in so rich and suggestive a publication as the "Notes and Queries on Anthropology,"[4]…there are so few questions in reference to suicide' (ibid: 60).

Half a century later the founder of modern British social anthropology, Bronislaw Malinowski, published what was once considered 'the best known suicide in the ethnographic literature' (Bohannan 1960: 4). Today it has perhaps become one of the most over-looked elements of Malinowski's work. Malinowski (1949 [1926]) modelled suicide in the South Pacific Trobriand Islands as a socially legitimate form of redress used by people in the face of specific problems. Malinowski reported the suicide of a 16-year-old Trobriand man called Kima'i, who threw himself out of a coconut tree. Kima'i had been in a love affair with a parallel cousin, his mother's sister's daughter. Within the Trobriand kinship system, this affair constituted an act of incest. Although the affair had been publicly known, the couple had been discreet and in such a situation kinsmen were unlikely to make a fuss. However, in an attempt to end the affair and win the girl for himself, a rival male publicly accused Kima'i of incest. Following his

[4] *Notes and Queries on Anthropology* was a compendium of anthropological field methods compiled and published by the Royal Anthropological Institute. They were meant to act as a unifying guide for anthropologists working in different societies, and thus aid the comparative project of anthropology. The *Notes and Queries* were published from the late-1800s to the mid-1900s and although came to be seen as rather archaic, did at least attempt to endow anthropologists with a common charter – something that many are today seeking once again.

accusation, which brought public attention to the relationship and meant that it could no longer be over-looked, Malinowski (ibid: 78-79) explained:

> …there was only one remedy; only one means of escape remained to the unfortunate youth. Next morning he put on his festive attire and ornamentation, climbed a coco-nut palm and addressed the community, speaking from among the palm leaves and bidding them farewell. He explained the reasons for his desperate deed and also launched forth a veiled accusation against the man who had driven him to his death, upon which it became the duty of his clansmen to avenge him. Then he wailed aloud, as is the custom, jumped from the palm some sixty feet high and was killed on the spot. There followed a fight within the village in which the rival was wounded; and the quarrel was repeated during the funeral.

The suicide thus expiated Kima'i of the shame of incest and directed public attention upon the man who drove Kima'i to his death. Not only did that man suffer shame as a result, but he was physically attacked as well:

> The person publicly accused admits his or her guilt, takes all the consequences, carries out the punishment upon his own person, but at the same time declares that he has been badly treated, appeals to the sentiment of those who have driven him to the extreme if they are his friends or relations, or if they are his enemies appeals to the solidarity of his kinsmen, asking them to carry on the vendetta.

Malinowski's argument can be read in two ways. The first is as a commentary on suicide in small places – what we might call suicide as an ontologically subjective phenomenon – in this case in the Trobriand Islands of the South Pacific. Malinowski argued that amongst the Trobrianders suicide did not arise because of varying levels of social integration or moral

regulation as Durkheim might have argued, but rather existed as a functional social institution in its own right, meeting the needs of individuals who found themselves in certain problematic circumstances. Both suicide and attempted suicide could be used as a response to personal slight, with the intent to die or to survive dependent on the gravity of the initial insult, and with each leading to different consequences for those implicated as the cause of that insult. The second reading problematizes suicide as a large issue – which is to say, suicide as an epistemically objective fact. The implication of Malinowski's argument is that the *definition* of suicide (its epistemic objectivity) can only be derived from the ontological subjectivity of small places: ontological subjectivity *gives rise* to epistemological objectivity; particularism *gives rise* to normativism; *practice* gives rise to *representation*.

Malinowski's 'practice theory' of suicide is distinct from the 'cultural theory' approach to suicide that has arguably since become dominant. This theory is found in the work of anthropologists writing within the American cultural tradition of anthropology (e.g. Brown 1986, Counts 1980; Hezel 1984), and, in a simplified way, a growing body of work produced by suicidologists borrowing from it (for discussions see: Colucci & Lester 2012). Explanations developed in this tradition can be understood as deriving a theory of culture from the anthropologist Franz Boas, in which culture is understood as 'an integrated system of meanings which enables people to deal with the world by classifying it according to their own, culturally inherited, unique way of seeing things' (Bloch 2012: 154). On one level cultural theorists of suicide hold that ontological subjectivity gives rise to epistemological objectivity: that the large issue of suicide can only be grappled through its discovery in small places. However, on another level they hold that 'culture' is a pre-existing lens that *mediates*, via language, the construction of suicide in a subjective sense. In this view, *representation* comes before and gives rise to *practice*, so that practice becomes nothing more than the result of culture.

Suicidologists who are interested in understanding suicide cross-culturally have picked up this idea. The trend is towards a theory of suicide and culture that tends to designate the latter as little more than one other 'factor' that might cause people to kill themselves, or shape the ways in which they may do so. This is evidenced most clearly in the way writers in the suicidological tradition list 'cultural factors' of suicide alongside 'social factors,' 'psychological factors,' 'genetic factors,' and so on. Thus the suicidologist Boldt (1988, my emphasis) writes: 'No one who kills himself does so *without reference* to the prevailing normative standards, values and attitudes of the culture to which he belongs.' In this view, culture is an epiphenomenon that one can do away with and *still* commit, and *still* make sense of, suicide. My reason for highlighting this particular view of suicide and culture is to demonstrate the inadequacy of a culturalist approach. Culture exists as a kind of template that directs practice, and the part played by the agent in learning, adapting, performing, and reacting to suicide is minimalized. This view of suicide obscures the dynamic social processes through which its practices generate the conditions of its own representation, and thus the importance of understanding the relationship between suicidal practices and suicidal representations as a first step towards understanding suicidal people, and ultimately suicide prevention.

This discussion brings us to the wider field of medical and particularly psychiatric anthropology and its dialogue with mainstream and cross-cultural psychiatry. The field is large and this is no place to provide a comprehensive introduction (see Kitanaka 2011: chap. 1, for an excellent summary). However, one issue of ongoing debate is the relationship between what might be termed the 'biology' and 'culture' of distressed psychosocial states on the one hand, and self-destruction on the other. Like anthropologists generally, medical and psychiatric anthropologists have had little to say about suicide. On the other hand they have had a lot to

say about depression which, as we saw, many suicidologists believe to be a primary cause of suicide.

The debate on depression is very similar to the debate on suicide. Thus on one side we find the medical anthropologists and cultural psychiatrists who in the Boasian cultural tradition argue that depression is a culturally- and socially-situated phenomenon (Jadhav 1996; Jadhav, Weiss & Littlewood 2001). Extreme forms of this argument posit that depression, and the biomedical industry behind it, has been *imposed* on both western and non-western societies as an operation of power and social control (Goffman 1961; Scheff 1966; Zola 1972). An alternative view is that depression has spread around the world through a more subtle process in which psychiatric truths become *normalised* via the self-discipline of subjects buying into the psychiatric life view accompanying neoliberal capitalism (Nye 1984; Petryna, Lakoff, & Kleinman 2006; Rose 1996; Turner 1996). As with suicide, then, both approaches place culture before practice and limit the role of human agency in the ways in which people may understand, adopt, perform, and respond to mental and emotional states that may be defined as 'ill.' In particular, there tends to be a general agreement that the spread of biomedical understandings of emotional and social problems is necessarily a 'bad thing,' at the very least because those understandings exclude social causalities and foreground individual pathologies at the expense of 'indigenous' cultural practices and representations.

Thus on the other side we find the psychologists and psychiatrists who argue that depression is a disease found in all humans, sometimes with biological aetiology, but which is properly understood as a problem of individual minds. The most recent manifestation of this debate exists in relation to the 'Global Mental Health' (GMH) movement, which presses for development aid financing to be directed towards mental health programmes in middle- and

low-income countries (Collins 2011; Patel & Bloch 2009; Prince *et al* 2007). For advocates of GMH the export of western models of mental illness and treatment should be considered a fundamental human right. The important point here is that language and culture are not only dismissed by GMH as epiphenomena which again one can do away with and still make sense of depression, but that by focusing on language and culture *barriers* are put in place to extending the benefits of 'modern' psychiatry to the rest of the world. This is a challenging ethical criticism that demonstrates how cultural theorists risk 'exoticising' human suffering and in so doing creating a 'double exclusion' from mental health care: the first, economic, and the second, cultural.

Gananath Obeyesekere (1985) argued that cultures provide their own ways of managing psychological disturbance, and thus formulated a pre-emptive defence of this criticism. Taking the example of Theravada Buddhism, Obeyesekere points to how religious practices within that tradition provide symbolic means of understanding and dealing with psychic stress, transforming negative feelings of 'depression' into positive experiences of worship. Indeed, Obeyesekere argues, there is no such thing as depression in Buddhist culture because for Buddhists the supposed symptoms of depression (for example hopelessness, helplessness, and worthlessness) are inevitable facts of life that all good Buddhists must come to terms with. It would thus be meaningless to suggest that the symptoms of depression have universal validity as to do so would be to argue that all Buddhists, by virtue of their religious beliefs, are depressed. Obeyesekere does not invite us to speculate that if by the same token all depressed people are also therefore Buddhist, and if so a cure for the western malaise of depression could quite simply be mass conversion to Buddhism. However, what we may take from his argument is the importance of ontological subjectivity in the generation of affective states and behaviours and the inherent difficulty applying without criticism the terms and tools of modern psychiatry.

## Elements of a practice theory of suicide

Anthropological and suicidological approaches to suicide specifically, and mental health and illness more generally, can thus be understood as local battles in the long running 'culture wars' that have plagued social and natural sciences for decades. In this book, I wish to reinvigorate Malinowski's approach and understand suicidal practice as something that gives rise to cultural representations of suicide through processual socialities. In so doing I wish to show how some of the problems facing anthropologists, sociologists, psychologists, and psychiatrists in the ways they deal with suicide can be overcome. By adopting this approach I do not to suggest that when people in Sri Lanka engage in suicidal practice they do so without reference to pre-existing theories or representations that might be called 'culture': far from it, in fact. My aim rather is to argue that those pre-existing representations are not simply a kind of 'reference book' that people refer to in order to commit suicide in a way that suits the tradition into which they were born, and could still commit suicide without reference to (and if doing so would therefore commit suicide in some kind of 'acultural' way). Equally, I find the ethical challenge posed by GMH an interesting one, especially as national health systems around the world are increasingly struggling with questions of culture and diversity and are forced to find new ways of conceptualising, managing, and treating mental health complaints across heterogeneous communities. 'Culture' is not necessarily 'good' just as 'medicalisation' is not necessarily 'bad.'

First, 'cultures' are never homogenous or uniform and even in the small Madampe area there are multiple representations – and corresponding arguments and counter-representations – concerning the 'whys,' 'ways,' 'whens,' and 'where's' of suicidal practice. Second, these

representations are always learnt, adjusted, and practiced across the life-course, from childhood through teenage years and into adulthood and old age, and this means that whilst a great deal of imitation takes place there is also a great deal of innovation to be found (Widger n.d.). The performance of suicidal practice is something that can be understood as taking place in spatial and temporal 'arenas' at event, lifespan, and societal levels that are both constrained by history and set free by unfolding contexts of practice. Suicidal practices and representations are 'generated' from those arenas as products of both history and contemporary socialities. To put it another way, the pages of the reference book are being written even whilst they are being read: practice and representation are integrally linked in processual terms.

By developing a practice theory of suicide I locate myself within the larger field of practice theory, especially Bourdieu's (1977, 1984, 1990) concept of 'habitus,' Lave and Wenger's (1991) work on 'situated learning,' and Bandura's (2001) work on the agentive processes of learning. As a set of theories they provide models for understanding the social processes through which individual practices and representations are shaped by what Lawrence Goldman (1998: xviii) has called 'mimesis and mythos': imitation and creativity. Pierre Bourdieu's (1990) famous concept of habitus – defined as '[s]ystems of durable, transposable dispositions…principles which generate and organize practices and representations' (ibid: 53) – sets out a theory of socialisation that links individual positions and position taking in society with representations in and of the world. For Bourdieu, formative experiences and practices shape habitus and these further shape experiences and practices, so that practices and representations become mutually generative. Thus, subject positionalities in the world are both constrained by structural positions ascribed by gender, age, race, class, and so on, but are also embodied and performed through practices that have the potential to transform representations and realign structured positions.

Jean Lave and Etienne Wenger (1991) have illuminated the processes through which people come to learn practices and acquire representations or ideas about the world. Lave and Wenger studied apprentices and the ways in which they move from a 'peripheral' position in a trade to becoming full members of a 'community of practice.' Lave and Wenger's (ibid.) studies showed how apprentices learn the knowledge and skills required to join a community of practice through what is usually non-verbal instruction and copying. This exposure facilitates the slow development of relevant expertise in apprentices as they 'hang around' with master craftsmen and 'absorb' their knowledge. Lave and Wenger's insights have been important for two reasons. The first concerns how they demonstrated the relative *unimportance* of language in the transmission of knowledge, which may be typical of how everyday knowledge is passed on (Bloch 2012: 193). The second is in how they pointed to the importance of situated learning as a means of overcoming marginality to become accepted community participants. It is literally through doing that people learn and habitus develops, and again this may be typical of how cultural knowledge – including suicide knowledge – is acquired.

Focusing on the everyday contexts of socialisation and knowledge acquisition leads to questions concerning the role of the agent in the process and the extent to which individuals take charge of their own learning: the extent to which those in peripheral positions may situate themselves to maximise learning potential. The field of educational psychology that engages with the subject of self-regulated learning is large (see Martin 2004 for an introduction), but a key figure remains Albert Bandura. Bandura (e.g. 2001) has argued that the learning process is agentive in the sense that learners take control of what they come to know, but also, as a result, come to understand themselves as people *with* agency. For Bandura, agentic learning as self-regulation 'is…both determined and determining' (Martin 2001: 139). As for Bourdieu, then,

learning is a cumulative process in that shapes both the ability to learn as much as it does what is learnt, and these spiral processes together.

This triad of practice theories have particular relevance for the study of suicide. First, they suggest how a *disposition* for suicide must be acquired through socialisation processes in history that define particular kinds of practice as suicidal and particular kinds of experiences as worthy of a suicidal response. As an element of habitus, the disposition for suicide must be shaped by structural position and reflect, for example, gender, age, and class constraints, whilst being embodied and performed through practices that have the capacity to transform them.

Second, they suggest how the *acquisition* of suicidal dispositions in terms of both structured and structuring practices and representations must proceed through processes of situated learning that move individuals from peripheral to central positions. There are, according to one's gender, age, and class positions, 'right ways' and 'wrong ways,' and 'right reasons' and 'wrong reasons,' to kill oneself, in the sense of social values and meanings that can be attached to suicide and how the effects of suicide are played out in social contexts during and after the event. Thus the 'ability' of individuals to 'correctly' perform suicidal practices has significant bearing on how others will react to such acts, the ways in which others may be expected to react, and how the suicidal person may envisage the consequences of the act for themselves and others beyond the corporeal facts of injury, pain, and possible death.

Third, if agency can be understood as manifested through learning practices, then learning to become a suicidal person implies learning how suicidal agency – and agency more generally – comes into being. The ability to end one's own life, as an acquired and mastered response, is perhaps an ultimate expression of agency allowed or disavowed, and what Camus (1955: 3)

called the 'one truly serious philosophical problem.' Suicide can be understood as a singular event that only exists within much longer processes stretching before and after the act, with ramifications both distant and near, and often if not always posing considerable problems for people to deal with. The voluntary removal of self from life, family, and community – what might be called a 'denial of sociality' – injects that singular event with a long-lasting recurring and rebounding resonance of its own, shaping the flow of events both before and after it.

A re-examination of Ravi's death helps us to figure the implications of a practice theory of suicide that will be developed in this book. First, as we saw, assumptions concerning Ravi's disposition to suicide were found to be expressed in different ways. Yet the decision to define his death as suicidal, and to identify particular kinds of experiences as leading to his suicide, was based in his gender, age, and social class, as well as the backgrounds of those commenting upon his death. Therefore, for those of Ravi's age the suicide was supposed to be the consequence of a love problem and for those of his parents' age the consequence of his mother's occupation and family life more generally. Whilst of course we do not know why Ravi killed himself – if indeed he did at all – the numerous similar cases of non-fatal self-harm described in this book suggest that when young men describe their own motivations, they do so often with recourse to similar kinds of concerns. For young men in Madampe it is 'obvious' that love problems cause other young men like them to attempt suicide. Thus, the assumptions that create and explain suicides change over time: at the level of the event itself, at the level of individual lifespans, and at the level of society at large.

Second, as an element of habitus, Ravi's disposition for suicide is shaped by his structural position in family and community. In so being Ravi's suicide can be understood as an embodied response that has the capacity to transform the structures of its own creation: for this reason,

we can argue that suicide has structuring effects. Community responses to Ravi's death ignited wider debates in Udagama concerning the fate of young people in the modern age of romantic love marriage and international labour migration. Arguments hardened existing opinions concerning the fate of the nation in the face of economic and cultural modernisation and globalisation, whether they were pessimistic or optimistic about the implications for young people's lives. Perhaps rarely a single suicide could have such an effect on public consciousness that structures radically transform. In most cases, as in Ravi's, change can be understood to accrue slowly, through 'a thousand deaths.' Here again we find time to be important. The structured and structuring of suicide occurs from micro to macro levels, at the levels of the singular event, lifespan, and society.

Third, the transformations created by suicidal practices can derive from a clear intent of the person who self-harms, even if its reception is highly debated. Here agency may be facilitated or denied, often at the same time or over time depending on the social status of the suicidal person and the context of his or her actions. This is perhaps the most uncertain element of the practice theory of suicide, as the agentive consequences of suicide are rarely truly known and are always contested – not only by people in Madampe but also centuries of academic suicide scholarship. Nevertheless, how and in what ways agency might be allowed or disavowed at different junctures – up to and after the event, across the lifespan, and in society at large – forms a crucial part of the ways in which people in Madampe made sense of suicide. Simply, they asked: Who caused it? What effects did it have? Opposed to sociological and psychological theories of suicide, my intention is to show how representations of suicide generate from contexts of practice that exist at different temporal and spatial plains.

## A definition of 'suicide'

To conclude the theoretical section of this introduction I turn finally to the question of what we might mean by 'suicide.' Thus far, I have used the term and its relatives ('self-harm,' 'suicide threat,' 'suicide attempt,' 'self-inflicted death') without any attempt at defining them. However, as I have been concerned to argue in this chapter, to seek to apply a definition of suicide at the outset would be tantamount to placing representation before practice and limiting the practice theory of suicide I intend to develop. I contend that suicidal practices give rise to suicidal terminologies. This process is most evident in Chapter 3, where I discuss how people in Madampe understand the difference between suicide as a national problem and suicide in the everyday intimate spaces of their lives. To foreshadow that discussion here I quickly summarise what suicidologists have generally meant by suicide and explain the rationale for the approach I will adopt.

With roots in positivist traditions of sociology, psychology, and medicine, suicidology has sought to define the scope of its inquiry in 'scientific' terms. This has often focused on – and stumbled upon – the problem of intent. For Durkheim (1951), for example, a rigid definition of suicide was crucial for the development of his sociological method, as the correlation between social conditions and suicide rates could only be proven by the surety of the concepts under comparison. As such Durkheim boldly stated that suicide would be defined as 'all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result' (ibid: 44). Despite Durkheim's confidence, however, such a definition is hard to demonstrate in real life. In Sri Lanka, as we have seen, many cases of suicide may be better understood as 'accidental' deaths, even though the hallmarks of both intentional and accidental death – e.g. the consumption of poison – are identical. How are we to distinguish one from other?

For this reason, others prefer to talk of 'self-harm.' Here the focus is placed not on the *outcome* of the act but the *process*, and the problem of intent may be addressed or avoided on a case-by-case basis. In some studies self-harm is to be distinguished from suicide precisely because self-harm is assumed an *intentionally* non-fatal act. Drawing from wider debates in the field, Laye-Gindhu & Schonert-Reichl (2005) define self-harm as a 'deliberate and voluntary physical self-injury that is not life-threatening and is without any conscious suicidal intent.' Conversely, other studies seek to exclude intent from the definition of self-harm: Cooper *et al.* (2005: 13) suggest '[s]elf-harm is defined as an act of intentional self-poisoning or injury irrespective of the apparent purpose of the act.' In a similar move, Skegg (2010: 141) suggests the 'term self-harm is commonly used to describe a wide range of behaviours and intentions including attempted hanging, impulsive self-poisoning, and superficial [self]-cutting.'

As will be discussed in Chapter 3, people in Madampe are similarly troubled by the problem of intent. To remain faithful to that ethnographic reality, this book seeks to make no assumptions concerning the 'proper' definition of suicide and its relatives. First, I use the terms more or less in relation to the outcome that is immediately apparent. When a person has apparently died by their own action, I shall generally call this suicide, and when a person has deliberately hurt himself or herself but survived, I shall generally call this self-harm. In so doing, I am not seeking to make any comment regarding the intent or otherwise of the person, except in those cases where I make it explicit from readings of the wider contextual and processual environment that such is my aim. Second, I use the term 'practice' rather than 'behaviour' – thus I shall speak of 'suicidal practice,' 'self-harming practices,' and so on. Here the term practice clearly conveys the practice theory of suicide I wish to develop and serves as a reminder that representations of suicide are always in the process of becoming in practice,

rather than practice simply being the consequence of representation. Thus, the term 'suicidal practice' does not indicate a complete or total action or behaviour but one that is always being made through the processual socialities of its existence.

## Plan of the book

The practice of suicide as a processual sociality shapes the resulting structure of this book. That is to say, the chapters follow the steps through which suicidal practices are learnt and performed by different kinds of people in differing social contexts, and of how suicidal practices generate forms of social life.

Chapter 2 sets the local scene and contexts of suicide. Through a description of the fieldwork setting, which I define as different 'arenas' of suicidal practice and meaning-making (villages, police stations and coroners courts, and community hospitals and a mental health clinic), I introduce the social and historical foundations upon which different causal theories of suicidality are developed in Madampe. A key concern across all three arenas is the extent to which suicide might be understood as a failure of people to lead 'good family lives' (*hoňda pavul ji:vite*), and of how ordinary villagers, criminal investigators and coroners, and health professionals deal with this problem. I argue that at once 'evidence' of suicide and an 'ethos' of suicidality, the causal theories of suicide generated by the social practices of villages, courts, and clinics generate patterns and understandings of suicide found in Madampe.

Chapter 3 sets the local conditions of suicide. The chapter charts my pathway into understanding causal theories of suicide in Madampe through a description of how informants explained suicide *there*, at the national level in Sri Lanka, and suicide *here*, at the local level

in Madampe. Suicide *there* is the suicide of the national epidemic, about which my informants were fully aware, who located its causes in problems attendant to farmers, economic liberalisation, youth frustrations, and Buddhism. Suicide *here*, which was routinely described in terms of 'poison drinking,' was for my informants much more difficult to understand. The problem lies in the always-uncertain status of intent in any suicidal act, and the relationship of poison drinking practices to wider social practices of 'lies and make-believe' which thread through social life in multiple ways. It is this 'problem of 'intent,' found the world over but taken to extreme proportions in Madampe, which can be understood as contributing to the local ontologies of suicide practices.

Chapter 4 shows how people in Madampe make sense of suicide *here* through recourse to imaginings of the 'good family life,' and how this creates particular kinds of 'suicide flows' following the course of everyday relationalities. The focus is on practices of violence 'in and of' the home – a recurring theme of the book – and the processes of 'blaming' and 'shaming' through which gender and generational identities are constructed, adopted, and performed. Using anthropological kinship charts to capture 'snapshots' of suicidal relationalities in time, the chapter then explores specific themes through the close examination of individual case studies. Building on the concept of 'good family life,' the chapter explains why only particular kinds of kin relationship give rise to suicidal practices when they encounter problems as a function of their special moral endowments. Through suicidal practices ideas and imaginings of kinship come into being, setting agendas for the moral vision of 'good family lives' in a functioning, moral society.

Chapter 5 develops an emotional framework of suicide by drawing from the popular concepts that people use to account for their actions: 'suffering,' 'frustration,' and 'anger.' The chapter

engages with debates in psychological anthropology and cross-cultural psychiatry to argue that practices of emotionality generate particular kinds of suicide defined as 'psychological pathology' under certain conditions. What stands out, however, is the fact that such ascription always implies a denial of the suicidal person's claims, as an operation of power. Thus people in Madampe see middle-class men's suicides as an epitome of calm and quiet suicides that embody a certain respectability, whilst working-class women's suicides epitome an impulsive and passionate suicide that embodies shame. At the end of the chapter, I turn again to the dual paradigm of 'evidence and ethos' to outline an ethnopsychiatric framework of suicide in Madampe for future study.

Chapter 6 moves from a description of the general to the specific, and explores suicidal practices that arise in the context of 'romantic love.' Writing against the trend in South Asian anthropology that views romantic suicides as the result of wistful young people coping with the travails of a society adjusting from a tradition of 'arranged marriage' to 'love marriage,' I argue that the expansion of the middle classes in Sri Lanka has produced greater levels of interest in 'arranged marriage' than was ever the case in the past. It is in this context of increased pressure on young people on the one hand, and parental surveillance on the other, that suicidal practices emerge as forms of self-discipline used to navigate the difficult terrain of love. Thus, young men come to perform suicidal practices as an attempt to 'push' young women into stating declarations of love, and young women perform suicidal practices to avoid the accusations and violence of parents who suspect them of risking shame by accepting young men's advances. Rather than simply expressing narratives of romance, suicidal practices are also practices of coercion.

Chapter 7 explores adults' suicides, and in particular the relationship between alcohol, migration, and masculinity. Here we find a paradox between the conventional wisdom that states masculinities challenged by female labour migration are leading to increased incidence of drinking, violence, and suicide, and the meanings and significances that men invest in alcohol, migration, and the 'pursuit of fun' as a *barrier* to suicide. Focused on men's cherished experience of 'movement,' the first half of the chapter describes how masculinities are enjoyed in Madampe through practices of 'going somewhere' (*bæ:rakyanəva*) of which drinking and migration are paradigmatic. The second half explores the consequences of movement and in particular men's fears, expressed through allusions to 'Kalu Yaka,' the Black Demon, concerning wives' infidelities in their absence.

Chapter 8 shifts the focus to questions of suicide interventions, and explores the social significance of prevention efforts with regards to power dynamics in households, communities, and Sri Lanka at large. Focused on the popular Buddhist concept of *metta* (loving-kindness/compassion), I argue that suicide and its prevention can be understood in relation to a 'search for compassion.' The chapter reviews the ways in which suicide interventions take place across villages, courts, and clinics, and how common strategies of suicide prevention include the imposition of silence at the expense of compassion, each with their own implications for the expression of loving-kindness for suicidal people. Whilst, as ever, it is difficult to separate practice from power, I argue that *metta* may offer an ontologically relevant model for understanding suicide prevention in contemporary Sri Lanka, and a means to transform the relational grounds of suicide practice into grounds for suicide prevention.

Finally, Chapter 9 concludes the book by further exploring the implications of a practice theory of suicide in relation what I call the 'suicide process': the transforming manifold relationships

that make up suicide and gives suicide its apparently unique character. I explore this across three socio-spatial scales – the level of individual suicide events, life-spans, and the societal level – and demonstrate how through their dynamics suicide practices give rise to suicide representations. I show how history can be found running through individual cases and individual cases can be found running through history in a process of unfolding generation where the 'discreet' and the 'general' fold into one another. The model moves us beyond arguments concerning the biological innateness or social construction of suicide and towards a more dynamic practice-centred approach. I seek not to define suicide as a problem for social science or psychological science or medical science but rather to establish the value of anthropology as a way of understanding suicide through a humanistic ethic. That ethic allows the human right to choose the manner of one's own death whilst encompassing the crucial fact that suicide may be 'caused' by a withdrawal of human rights.

As they stand, each chapter provides fine-grained details and pointers for suicide interventionists working in Sri Lanka and South Asia more widely. To understand fully the arguments I make and their relevance for prevention, professionals with an interest in Asian societies would benefit from reading the book in its entirety. However, the book also contains a range of more general insights into the relationship between an anthropological and ethnographic approach to suicide and suicide prevention across different social and cultural contexts. In order to capture and communicate those global insights more effectively, at the end of each chapter (including this one) I have included a box summarising the chapter's main points the implications for prevention raised.

**Chapter 1: Insights for Prevention**

*Summary of the chapter*

- Global inequalities in suicide prevention resources are *cultural* as well as financial. Suicidology privileges Euro-American models of suicidality and often overlooks the fact that suicide is a *situated* phenomenon in local contexts.
- But also there is *no such thing* as a 'culture of suicide.' It is better to think of popular cultural representations of suicide as being *generated* by suicidal practices that are continually made and remade in *contexts of practice*.
- Anthropology highlights the importance of adopting a '*local point of view*' when investigating suicidal practices around the world. *Ethnographic methods* can help to illuminate the processes through which *practices of suicide give rise to representations of suicide*.
- Practices and representations of suicide are *agentive* in the sense that people adopt, adapt, and perform suicidalities according to *their own understandings* of why, ultimately, they may wish to live or die. Learning is cyclical.

*Practical applications*

- When *developing an approach to prevention* a detailed understanding of how suicidal practices generate representations of suicide is essential for understanding *what we are seeking to prevent*.
- Use anthropological and ethnographic methods to *question assumptions* about suicide and to develop a *context-relevant* model of suicidal practice and representation from a *diverse range of perspectives*.
- Never *assume* that suicide is caused by depression or other deep-seated mental illness; *consider the social practices* through which suicide and social and psychological problems are expressed.
- Ask whether and how suicide *might not be a negative symptom* of illness, despair, or an attempt to 'escape' but instead *a meaningful and creative social practice* that is generative of social life.

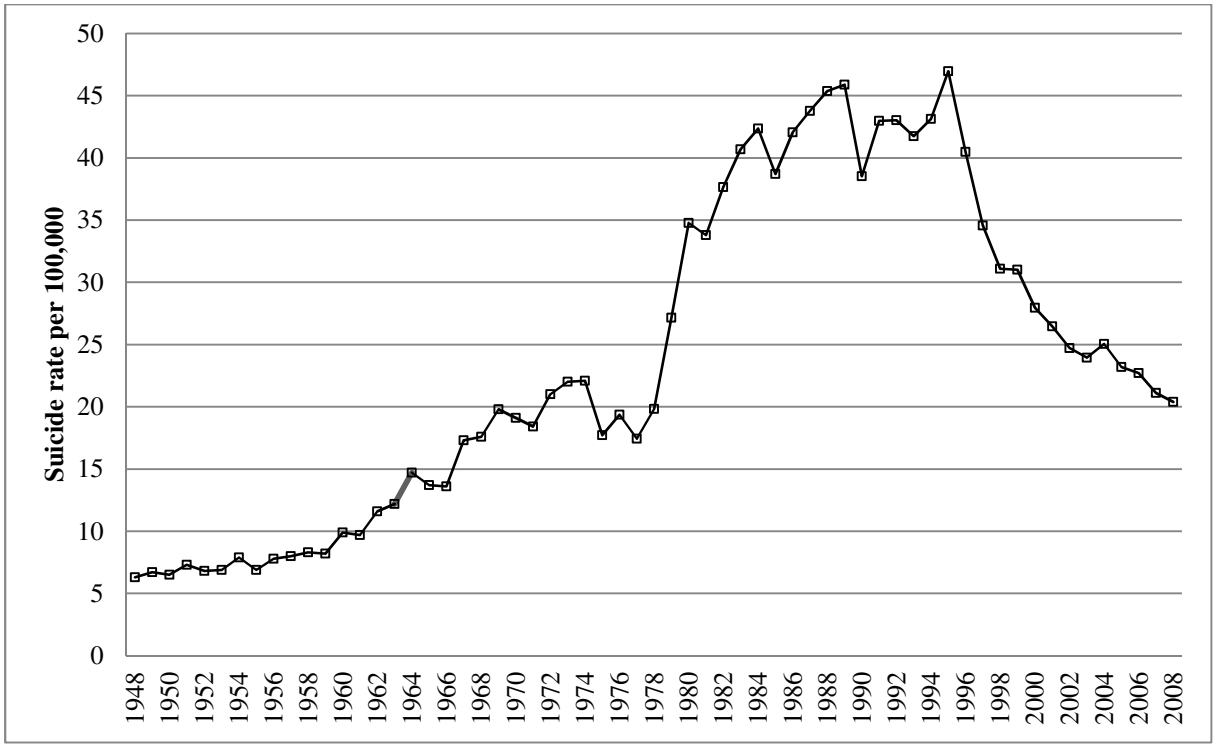


**Figure 1.1:** The Sri Lankan suicide rate, 1948-2008 (after Gunnell *et al*. 2007: 1236; raw data kindly provided by David Gunnell. Additional data obtained from Sri Lanka Sumithrayo http://www.srilankasumithrayo.org/statistics-a-data [accessed 16 July 2012])